

**STATE OF UTAH**  
**DIVISION OF OCCUPATIONAL AND PROFESSIONAL**  
**LICENSING**  
**APPLICATION FOR LICENSURE**  
  
**UPGRADE OF DENTAL**  
**ANESTHESIA AND ANESTHESIA PERMIT**

DOPL-AP-048 REV 06/04/2001

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply necessary information may result in denial of licensure. Please read all instructions carefully.

**Address of Record:** The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address. Please note that the address of record is public information and is available upon request and via the internet. You may choose to use a business address or a P.O. Box for your address of record rather than your home address.

**Social Security Number:** Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

**Supporting Documents and Fees:**

1. Submit the \$50.00 non-refundable application processing fee for an Anesthesia Upgrade.
2. If you are applying for a **Class II Anesthesia and Analgesia permit**, submit the following.
  - ☐ A "Request For A Class II Anesthesia And Analgesia Permit" form.
  - ☐ A copy of your current Basic Life Support course certification.

- ❑ An official letter from your anesthesia course director certifying the amount and type of anesthesia training received, the dates you received the training, and a statement that the course **conforms** to the Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, Parts I or III, of the American Dental Association, July 1993.

3. If you are applying for a **Class III Anesthesia and Analgesia permit**, submit the following.

- ❑ A “Request For A Class III Anesthesia And Analgesia Permit” form.
- ❑ A copy of your current Basic Life Support course certification.
- ❑ An official letter from your anesthesia course director **certifying you are competent** to administer parenteral conscious sedation and that the course conformed to the Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, Parts I or III, of the American Dental Association, July 1993. The documentation must show at least 60 didactic hours plus at least 20 observed cases.

You must have a current Utah Controlled Substance license in good standing or have applied and have met the requirements.

4. If you are applying for a **Class IV Anesthesia and Analgesia permit**, submit the following.

- ❑ A “Request For A Class IV Anesthesia And Analgesia Permit” form.
- ❑ A copy of your current BCLS and ACLS certification.
- ❑ An official letter from your anesthesia course director **certifying you are competent** to administer general anesthesia and deep sedation, that the course was not less than one year in length, and the course conformed to the Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, Part II, of the American Dental Association, July 1993.

You must have a current Utah Controlled Substance license in good standing or have applied and have met the requirements.

5. If you are applying for a Utah controlled substance license, submit the following.

- ❑ The original letter from Experior documenting your passing score on the Controlled Substances Law and General Law Examination.

For registration and fee information, contact Experior below.

- ❑ The \$90.00 non-refundable application processing fee for a Controlled Substance License.

### **Additional Important Information:**

1. **Controlled Substances Law Examination:** Applicants for a Controlled Substance license must pass the Controlled Substances Law and General Law Examination. Contact Experior at the address and telephone number below to register for the law examination.

Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009

You may also purchase a study guide from Experior which has been prepared to assist candidates taking the law exam.

In addition, the following applicable laws and rules are available on the Internet at <http://www.commerce.state.ut.us/dopl/dopl11.htm>.

- ☐ Division of Occupational & Professional Licensing Act
  - ☐ General Rules of the Division of Occupational & Professional Licensing
  - ☐ Utah Dentist and Dental Hygienist Practice Act
  - ☐ Utah Dentist and Dental Hygienist Practice Act Rules
  - ☐ Utah Controlled Substances Act
  - ☐ Controlled Substance Act Rules of the Division of Occupational and Professional Licensing
2. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
  3. **Controlled Substance License:** You must hold a Utah controlled substance license **and** a DEA registration to administer, possess, or prescribe a controlled substance in your practice in Utah.
  4. **DEA Registration:** For DEA registration information, contact the Drug Enforcement Administration at (800) 326-6900.
  5. **License Renewal:** Each dentist license expires May 31 of each even numbered year. In order to renew your license you must complete at least 30 hours of qualified continuing education.
  6. **Updating Address Information:** It is a licensee's responsibility to maintain a current address with the Division. If your address is incorrect, you will not receive renewal notices or other correspondence.

**Make Licensure Fees Payable To:**

DOPL

**Mail Complete Application To:**

**By U.S. Mail**

Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741

**By Delivery or Express Mail**

Division of Occupational & Professional Licensing  
160 East 300 South, 1<sup>st</sup> Floor Lobby  
Salt Lake City, Utah 84111

**Telephone Numbers:**

Direct Dial: (801) 530-6633 or  
(801) 530-6619

Utah Toll Free: (866) ASK-DOPL  
(866) 275-3675

**Fax Number:** (801) 530-6511

# APPLICATION FOR LICENSE or CERTIFICATE or REGISTRATION

## GENERAL INFORMATION

License/Certificate/Registration Applying For: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Have You Ever Held A Utah License Before? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Name of Profession: \_\_\_\_\_

If Yes, License Number: \_\_\_\_\_

Gender (Male or Female): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## PUBLIC MAILING ADDRESS

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Telephone: \_ (\_\_\_\_) \_\_\_\_\_

## DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date License/Certificate Denied: \_\_\_\_\_

Denied By: \_\_\_\_\_

Reason For Denial/Other Comments: \_\_\_\_\_

**APPLICATION FOR:**

\_\_\_\_\_ Class II Anesthesia and Analgesia Permit

\_\_\_\_\_ Class III Anesthesia and Analgesia Permit

\_\_\_\_\_ Class IV Anesthesia and Analgesia Permit

\_\_\_\_\_ Controlled Substance License

**IF APPLYING FOR A CONTROLLED SUBSTANCE LICENSE:**

I hereby agree to comply with the laws of Utah relating to the Controlled Substance Act and Rules.

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

# DENTIST QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. \_\_\_\_\_ Have you ever applied for a license or received a license, certificate, permit, or registration to practice in a licensed profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Have you ever been denied the right to sit for a licensure examination?
3. \_\_\_\_\_ Have you ever had a license, certificate, permit, or registration to practice a licensed profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
4. \_\_\_\_\_ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a licensed profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
5. \_\_\_\_\_ Are you currently under investigation or is any disciplinary action pending against you now by any professional licensing agency?
6. \_\_\_\_\_ Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
7. \_\_\_\_\_ Have you ever been permitted to resign or surrender hospital or other health care facility privileges while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility or criminal or administrative jurisdiction?
8. \_\_\_\_\_ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
9. \_\_\_\_\_ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way?
10. \_\_\_\_\_ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility or criminal or administrative jurisdiction?
11. \_\_\_\_\_ Is any action pending against you now by Medicaid, Medicare, or any other state or



federal health care payment reimbursement program?

12. \_\_\_\_ Have you ever had a federal or state registration to sell, possess, prescribe, dispense, or administer controlled substances denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by either the federal Drug Enforcement Administration or any state drug enforcement agency?
13. \_\_\_\_ Have you ever been permitted to surrender your registration to sell, possess, prescribe, dispense, or administer controlled substances while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility or criminal or administrative jurisdiction?
14. \_\_\_\_ Is any action pending against you now by either the federal Drug Enforcement Administration or any state drug enforcement agency?
15. \_\_\_\_ Have you been named as a defendant in a malpractice suit?

**If you answered “yes” to question 15, for each malpractice suit filed against your license, supply the date, status, disposition, amount of settlement, and a detailed description including your relationship to the patient and your role in the case.**

16. \_\_\_\_ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
17. \_\_\_\_ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
18. \_\_\_\_ If you are licensed in the health care profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
19. \_\_\_\_ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
20. \_\_\_\_ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
21. \_\_\_\_ Have you been arrested for or charged with a misdemeanor or felony charge in any

jurisdiction during the last 10 years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.

22. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of any felony or misdemeanor in any jurisdiction?

**If you answer yes to question 21 or 22 you must include with your application a copy of the police report, court docket, and any probation/parole officer report for EACH and EVERY arrest and/or conviction within the past ten years.**

23. \_\_\_\_\_ Have you ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
24. \_\_\_\_\_ Have you ever been terminated from a position because of drug use or abuse?
25. \_\_\_\_\_ Have you ever been incarcerated for any reason in any Federal, State or County Correctional Facility?

If the answer to any of the above questions is “YES”, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “Yes” answer does not necessarily mean that you will not be granted a license; however, additional documentation may be requested by the Division if the information submitted is insufficient.

# **AFFIDAVIT and RELEASE AUTHORIZATION**

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meets the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah. If you answered "yes" to any of the above questions, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

## REQUEST FOR A CLASS II ANESTHESIA AND ANALGESIA PERMIT

Applicant Name: \_\_\_\_\_

### ANESTHESIA TRAINING:

1. Program Name/Institution: \_\_\_\_\_

Dates Attended: \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Certificate Awarded: \_\_\_\_\_

2. Program Name/Institution: \_\_\_\_\_

Dates Attended: \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Certificate Awarded: \_\_\_\_\_

Answer "Yes" or "No"

\_\_\_\_\_ I have attached a letter from the anesthesia course director.

\_\_\_\_\_ I have attached a copy of my current BCLS card.

### AFFIDAVIT:

I being first duly sworn declare under penalty of perjury as follows.

1. My anesthesia courses conform to the American Dental Association's Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, Parts I or III, July 1993.
2. I have and will maintain current BCLS certification.
3. My patient care staff will maintain current CPR or BCLS certification.
4. Every patient under nitrous oxide administration will have continuous in-operatory observation by a member of the dental patient care staff.
5. Nitrous oxide and oxygen flow rates and sedation duration and clearing times will be appropriately documented in patient record.

6. Reasonable and prudent controls and equipment are in place and followed in regard to nitrous oxide to ensure the health and safety of patients, dental office personnel, and the general public.
7. The dental facility is equipped with adequate and appropriate equipment, in good working order, to assess vital signs.
8. Equipment used in the administration of nitrous oxide has a scavenging system and all gas delivery units have an oxygen fail-safe system.

Signature of Applicant:\_\_\_\_\_

Date of Signature:\_\_\_\_\_

## REQUEST FOR A CLASS III ANESTHESIA AND ANALGESIA PERMIT:

Applicant Name: \_\_\_\_\_

### ANESTHESIA TRAINING:

1. Program Name/Institution: \_\_\_\_\_

Dates Attended: \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Certificate Awarded: \_\_\_\_\_

2. Program Name/Institution: \_\_\_\_\_

Dates Attended: \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Certificate Awarded: \_\_\_\_\_

Answer "Yes" or "No"

\_\_\_\_\_ I have met all the requirements for Class II.

\_\_\_\_\_ I have attached an official letter certifying competence in parenteral conscious sedation and have a current controlled substance license in good standing

\_\_\_\_\_ I have attached a copy of my current BCLS card.

### AFFIDAVIT:

I being first duly sworn declare under penalty of perjury as follows.

1. My anesthesia courses conform to the American Dental Association's Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, Parts I or III, of the American Dental Association, July 1993.
2. I have and will maintain current BCLS certification.
3. My patient care staff will maintain current CPR or BCLS certification.
4. I have, or am applying for, and will maintain a Utah controlled substance license.

5. Every patient under nitrous oxide administration will have continuous in-operatory observation by a member of the dental patient care staff.
6. Reasonable and prudent controls and equipment are in place or are exercised over all nitrous oxide administration, equipment and tanks to ensure the health and safety of patients, dental office personnel and the general public.
7. Equipment used in the administration of nitrous oxide has a scavenging system and all gas delivery units have an oxygen fail-safe system.
8. The facility in which I work has adequate and appropriate monitoring equipment, including pulse oximetry, current emergency drugs, and equipment capable of delivering oxygen under positive pressure.
9. The patient's heart rate, blood pressure, respiratory rate and responsiveness will be checked at specific intervals during the anesthesia and recovery period and such observations will be appropriately recorded in the patient record.
10. Inhalation agents= flow rates and sedation duration and clearing times are appropriately documented in the patient record.
11. A minimum of two qualified persons as defined by rule will be present during the administration of parenteral conscious sedation.

Signature of Applicant:\_\_\_\_\_

Date of Signature:\_\_\_\_\_

Division of Occupational and Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741

## REQUEST FOR A CLASS IV ANESTHESIA AND ANALGESIA PERMIT

Applicant Name: \_\_\_\_\_

### ANESTHESIA TRAINING:

1. Program Name/Institution: \_\_\_\_\_

Dates Attended: \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Certificate Awarded: \_\_\_\_\_

2. Program Name/Institution: \_\_\_\_\_

Dates Attended: \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Certificate Awarded: \_\_\_\_\_

Answer "Yes" or "No"

\_\_\_\_\_ I have met all the requirements for Class II and III.

\_\_\_\_\_ I have attached an official letter certifying competence for Class IV.

\_\_\_\_\_ I have attached a copy of my current BCLS card.

\_\_\_\_\_ I have attached a copy of my current ACLS card.

### AFFIDAVIT:

I being first duly sworn declare under penalty of perjury as follows.

1. I have successfully completed at least one year of advanced training in administration of general anesthesia and deep sedation. All courses conform to the American Dental Association's Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, Part II, July 1993.



2. I have successfully completed advanced training in obtaining a health history, performing a physical examination and diagnosis of a patient consistent with the administration of general anesthesia or deep sedation.
3. I have and will maintain current BCLS and ACLS certification and a current Utah controlled substance license.
4. Every patient under nitrous oxide administration will have continuous in-operatory observation by a member of the dental patient care staff.
5. Reasonable and prudent controls and equipment are in place or are exercised over all nitrous oxide administration, equipment and tanks to ensure the health and safety of patients, dental office personnel and the general public.
6. Equipment used in the administration of nitrous oxide has a scavenging system and all gas delivery units have an oxygen fail-safe system.
7. Inhalation agents= flow rates and sedation duration and clearing times are appropriately documented in the patient record.
8. The facility in which I will practice is equipped with precordial stethoscope for continuous monitoring of cardiac function and respiratory work, electrocardiographic monitoring and pulse oximetry, means of monitoring blood pressure, and temperature monitoring; the preceding or equivalent monitoring of the patient will be used for all patients during all general anesthesia or deep sedation procedures with temperature monitoring used for children.
9. Equipment will be immediately available to treat emergencies, including advanced airway equipment, resuscitation medications, and defibrillator.
10. Monitoring and emergency equipment is inspected annually by a certified technician and is calibrated and in good working order.
11. A minimum of two qualified persons as defined by rule will be present during the administration of parenteral conscious sedation.
12. Three qualified and appropriately trained individuals as set forth in rule will be present during the administration of general anesthesia or deep sedation.

Signature of Applicant:\_\_\_\_\_

Date of Signature:\_\_\_\_\_

